

CLAIMS ONLY						Application Number 10069817		Filing Date			
						Applicant(s)					
						* May be used for additional claims or amendments					
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*	*	*		
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
1	/						51	/			
2	/	/					52	/			
3	/						53				
4	/						54	/			
5							55	/			
6							56	/			
7							57	/			
8	/						58	/			
9	/						59	/			
10	/						60	/			
11	/						61	/			
12	/						62	/			
13	/						63	/			
14	/						64	/			
15	/						65	/			
16	/						66	/			
17	/						67	/			
18	/						68	/			
19	/						69	/			
20							70				
21							71				
22							72				
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30							80				
31							81				
32							82				
33	/						83				
34							84				
35		/					85				
36		/					86				
37							87				
38		/					88				
39		/					89				
40							90				
41			/				91				
42							92				
43							93				
44			/				94				
45			/				95				
46							96				
47							97				
48							98				
49							99				
50			/				100				
Total Indep	2						Total Indep				
Total Depend	21						Total Depend				
Total Claims	30						Total Claims				